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FOR ACTION

RECOMMENDATION FOR MAIL POLL APPROVAL OF FUNDS FOR EMERGENCY PROGRAMMES

SUMMARY

The present document contains recommendations for emergency funding from an unexpected increase in general resource income in the amount of $29 million attributable to favourable exchange rates. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, for the emergency programmes in the countries listed below.

Country	Amount (United States dollars)
Afghanistan	2 700 000
Iraq	8 200 000
Mozambique	2 000 000
Somalia	6 000 000
Sudan	5 000 000
Former Yugoslavia	5 100 000

Summaries of individual recommendations follow.

* The present recommendation is being submitted for approval by mail poll between the 1992 and 1993 regular sessions of the Executive Board in accordance with rule 49 of the rules of procedure.

I. AFGHANISTAN

The emergency situation

1. Against a backdrop of widespread poverty and among the world's worst child indicators, 14 years of war have caused 1.5 million deaths in Afghanistan. With 4.5 million refugees living in Pakistan and the Islamic Republic of Iran and over 2 million internally displaced persons, hardly a family in the country has been spared the tragedy of war.

2. Because of the political changes in April 1992, over 1 million refugees returned to their country, hoping to rebuild their lives, villages and towns. Instead, they have faced renewed fighting among the various factions. In August 1992, Kabul was the main target of fierce fighting. Three thousand people were killed and 9,000 severely injured. As 500,000 people fled the city, the fighting spread to several provincial capitals controlled by "city governments", creating an acute emergency in a country already trying to recover from the devastation of protracted war.

3. Throughout the country, many essential services have ceased operation. Security conditions allowing, UNICEF has continued working in Afghanistan, together with other United Nations agencies and non-governmental organizations (NGOs). Stocks of basic necessities have been depleted, creating acute shortages of food, fuel, essential drugs and clothing, the effects of which are compounded by a lack of safe drinking water and health-threatening unsanitary conditions. As all of this is happening, the harsh Afghan winter approaches.

Recommended emergency programme cooperation

Estimated expenditure

(In thousands of United States dollars)

Supplementary feeding	300
Health	2 050
Water supply and sanitation	200
Logistics and programme support	150
Total	2 700

4. Winter conditions are especially difficult for populations in emergency situations. Complementing other inputs and resources and reinforcing ongoing activities, additional funding will focus on the immediate supply of essential drugs, equipment, fuel and spare parts to 25 hospitals and 125 health centres in order to reinforce and expand activities in the expanded programme on immunization (EPI) and the control of acute respiratory infections (ARI) and the control of diarrhoeal diseases (CDD); to support supplementary feeding in 183 centres; and to construct or rehabilitate water supply systems and construct latrines.

5. A concurrent strategy, in cooperation with other United Nations agencies such as the Office of the Coordinator for United Nations Humanitarian and Economic Assistance Programmes relating to Afghanistan, the United Nations Development Programme (UNDP), the World Health Organization (WHO), the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP) as well as with NGOs, will be to restore health services for all segments of the population, whether displaced or settled. A major challenge for the emergency programme will be to integrate the two health-care systems that evolved during the course of the war: (a) the cross-border programmes for displaced and rural populations supported by UNICEF and others and serviced by a large number of NGOs; and (b) the former Kabul Government health-care system.

6. Of the 960,000 children born during the year, over 80,000 will probably die within six months. The aim of the winter emergency programme is to reduce those numbers as much as possible by intensifying combined EPI, ARI and CDD services in accessible areas, including tetanus toxoid for women, thereby substantially increasing the likelihood that more than 600,000 children will survive over the next six months.

7. Supplementary feeding will be provided for severely malnourished children in 10 urban, peri-urban and rural hospitals. In addition, other supplementary feeding centres will be established in kindergartens, day-care centres and crèches, covering the critical areas in northern, eastern and central Afghanistan: 89 centres in Kabul; 60 in Mazar-e-Sharif, Badakshan, Jowzjan, Badghis and Faizabad; 24 in Herat; and others in Bamiyan, Polikumrl, Kandahar and Jalalabad.

8. The infrastructure of 16 hospitals/clinics will be improved, including rehabilitation of the maternity and paediatric wards and emergency rooms. Sufficient fuel will be needed to heat and light the hospitals/clinics. Essential drugs will also be supplied, based on the WHO kit adapted to meet local conditions. Starting in urban areas and expanding to rural ones, the infrastructure of 120 health centres will be improved and essential drugs and basic equipment will be supplied to these units.

9. At the same time, water supply needs will be addressed at each of the above-mentioned institutions by drilling or rehabilitating 260 tubewells. Where there are urgent needs for drinking water, such as in hospitals and health centres, water tanks will be provided. Water storage tanks will be pre-positioned near institutions for use by settled populations as well as by displaced persons in camps. A municipal system of refuse collection and disposal, combining community action and the hiring of private groups to dispose of refuse, will be initiated in 11 municipal areas, serving both settled and displaced people in camps. Sanitation will be improved by the construction of 715 pit latrines.

10. All means of communications to reach the general public will be used to support social mobilization activities, including the use of radio in the Dari and Pushtu languages. Radio programmes will be reinforced through printed material and interpersonal communication using specially trained social mobilizers.

11. Supplies and equipment will be pre-positioned in warehouses in Mashhad (Islamic Republic of Iran); Termez (Uzbekistan); and Peshawar (Pakistan); as well as in Afghanistan at Herat, Mazar-e-Sharif, Kabul and other locations. Appropriate staff will be deployed to implement these winter emergency activities.

II. IRAQ

The emergency situation

12. The situation between Iraq and Kuwait completely devastated the social services infrastructure in Iraq. United Nations sanctions, internal conflict and restriction of supplies to the north further aggravated the situation, especially for the most vulnerable groups. The destruction of water supply and sanitation systems led to the spread of water-borne diseases. The disruption of food production, the drastic reduction in the supply of imported food and increases in the prices of available food resulted in a notable increase in child malnutrition. Cases of marasmus and kwashiorkor, which had virtually disappeared in Iraq before the situation with Kuwait, began to reappear. Cuts in electricity, shortages of vaccines and essential drugs and the abandonment by health staff of their posts at rural health centres brought the primary health care (PHC) system to a state of virtual collapse.

13. The lives of the population in the north were further disrupted by internal conflict, which resulted in this group's displacement, flight to Turkey and subsequent return to their place of origin. Internal supply restrictions to the north imposed by the Government further aggravated the shortages caused by sanctions.

14. UNICEF was the first agency to provide for the emergency needs in Iraq. Between December 1990 and February 1991, assistance consisted of the provision of essential drugs, basic medical supplies, vaccines, cold-chain equipment and spare parts for electric generators identified by the WHO/UNICEF assessment to reactivate the immunization programme. Spare parts and water purification reagents for the water supply programme were also supplied. In addition, staff experienced in implementing emergency programmes were assigned to Iraq to implement the programme.

15. In May 1991, the first comprehensive United Nations inter-agency humanitarian programme was launched, based on the first Memorandum of Understanding between the United Nations and the Government of Iraq. Under this programme, UNICEF provided assistance in the areas of health,

immunization, water supply and sanitation and supplementary feeding for children.

16. Under the second Memorandum of Understanding, which covered the first half of 1992, programme implementation proceeded relatively smoothly until the end of June. UNICEF played a pivotal role in bringing EPI back from a state of virtual collapse, and immunization activities were resumed throughout the country. Water purification reagents, equipment and spare parts provided by UNICEF helped to improve the availability of potable water and to limit the spread of water-borne diseases. The supply of protein-rich foods and campaigns to promote breast-feeding and locally produced weaning foods improved the nutritional status of children and women. Oral rehydration salts (ORS) provided by UNICEF helped to reduce significantly the incidence of diarrhoea-related mortality. The supply of a minimum level of essential drugs ensured their availability in many parts of the country. UNICEF-sponsored training courses for health staff, cold-chain repair technicians and traditional birth attendants (TBAs) helped to increase the level of knowledge of health staff. The extensive technical and logistic support of UNICEF also contributed substantially to the overall United Nations relief effort.

17. Because of the delay in reaching agreement on the third Memorandum of Understanding (July-December 1992), programme implementation, particularly in the north, came to a virtual standstill. Visas and travel and truck permits were not granted, and fuel and international personnel have been in short supply. During the Executive Director's visit to Iraq from 14 to 17 October 1992, he noted that 7 out of 10 pumps in Saddam City were not working owing to a lack of spare parts. Measles cases in Nineveh have risen from 14 in 1989 to 2,600 in 1992. With the discontinuation of the nutrition programme, cases of malnutrition have also increased.

Recommended emergency programme cooperation

Estimated expenditure

(In thousands of United States dollars)

Health	2 200
Water supply and sanitation	2 600
Nutrition	700
Education	1 400
Community organization:	
Fuel	1 000
Road maintenance	300
Total	8 200

18. Agreement has now been reached with the Government to implement a United Nations inter-agency humanitarian programme for the period October 1992-March 1993, in the amount of $200 million. The UNICEF component of the programme requires funding in the amount of $86.4 million and includes

the following areas: basic health; childhood disabilities; immunization; water supply and sanitation; nutrition; education; community organization and development; and logistics and programme support. Implementation of the programme will take place in the context of the new Memorandum of Understanding, which was signed on 22 October 1992.

19. In the health sector, funds are needed for the provision of essential drugs, medical supplies and equipment; the training of health staff and promotion of home-based management of ARI and diarrhoeal diseases; the training of TBAs; malaria eradication; and logistics and management. Funds for EPI are required to launch a nationwide EPI campaign; to provide vaccines, syringes, needles and cold-chain equipment; to train cold-chain maintenance technicians; to support planning and management; and for social mobilization activities. Funds for the childhood disabilities programme will be used for physical and psychosocial rehabilitation of children injured during the situation with Kuwait. The establishment of community-based rehabilitation programmes, the training of teachers and the provision and development of training materials will also be supported.

20. Under the water supply and sanitation programme, provision is made for spare parts and new equipment for sewage-treatment plants; cleaning and reconstruction of wells; protection and development of springs; replacement of destroyed compact water-treatment units and sewage-lifting stations; supply of water-testing equipment and chemicals, chlorine and chemical-dosing pumps, water purification reagents and spare parts; draining of sewage pools; and distribution of water to the displaced population.

21. The nutrition programme will provide high-energy food and vitamin A, iron, and iodine supplements to prevent and treat micronutrient deficiencies; support therapeutic and supplementary feeding; provide cooking utensils for hospitals in the north; promote health education and breast-feeding; support agro-based income-generating activities for women in the north; and promote the monitoring of nutrition status.

22. Funds for the education programme in the north will be used to supply basic local furniture for primary schools; provide teaching materials and kerosene heaters for classrooms; train teachers in formal and non-formal education, organizing extracurricular activities; and produce audiovisual materials. The community organization and development programme includes the provision of fuel for cooking, heating and programme implementation, as well as for the repair of roads in the north to facilitate the shipment of supplies to remote areas during the winter season.

23. Logistic support is needed for trucking in supplies through Turkey and for distribution within Iraq. Two UNICEF supply and logistics staff will be stationed in Dohuk to handle the operation, and another supply and logistics officer is needed in Baghdad. The programme support component is essential for field posting of 21 additional international professional communication and transportation experts in the north. A total of 42 UNICEF international Professionals will be working in the country.

24. Of the total requirement of $86.4 million for the period October 1992-March 1993, $6.5 million has been received to date through informal sharing of the programme with donors. There is an urgent need immediately to allocate $9.2 million to facilitate the pre-positioning of priority supplies before the winter season and to cover the cost of fuel and road repair to facilitate implementation of the programme.

III. MOZAMBIQUE

The emergency situation

25. Mozambique has been the hardest hit of the countries affected by the current drought in southern Africa. Additionally, within Mozambique, areas under the Resistancia Nacional de Mozambique (RENAMO) opposition movement have not had agency or infrastructural support for the last 15 years. These areas are the most in need of food and relief.

26. On 16 July 1992, RENAMO and the Government of Mozambique signed a Declaration of Humanitarian Principles, which theoretically spelt out 10 land corridors and areas within RENAMO areas to be targeted for immediate food and relief aid delivery. To implement this programme, a committee was set up in the capital, consisting of government, RENAMO and United Nations representatives, to finalize the operational details of transporting commodities to these areas. On 4 October, the Government and RENAMO signed a cease-fire agreement, ending the war between them and, in principal, opening up the entire country for access to relief operations.

27. In the meantime, the drought situation continues to worsen and, as a result, thousands of people are moving across the borders into the refugee camps in Malawi, Zimbabwe and Zambia and others into Government-held areas. At the same time, there was a 26 per cent increase in population movements into the Government-controlled areas and the Beira corridor.

28. There are daily reports of famine-related deaths, illness and epidemics. The central provinces of Manica and Sofala and the southern province of Gaza and Inhambane are the worst affected with, for example, 40 dying over one weekend in one district alone. Routine data from the nutrition surveillance system confirm that drought-affected areas present high levels of growth-faltering among children under five years of age. At the same time, a cholera epidemic is affecting many regions of the country, with more cases reported every day. The total number of cases and deaths in the period January to August 1992 amounts to 12,533 and 234, respectively, the highest figure for Africa in that period.

29. Of the total population, 4 million are in need of immediate food, medical and relief assistance. The population in the RENAMO areas has never been accurately known, but is estimated at being between 2 million to 3 million, the majority of whom, it is presumed, are being affected by the current drought.

Recommended emergency programme cooperation

Estimated expenditure

(In thousands of United States dollars)

Supplementary feeding	1 000
Health, including personnel	1 000
Total	2 000

30. Faced with the worst disaster in living memory, the Government, in collaboration with the United Nations, launched a drought appeal, which was followed by a consolidated United Nations/Southern Africa Development Coordination Conference appeal. Mozambique will be facing a transitional emergency for at least one year, while the cease-fire arrangements and post-war recovery programmes are being implemented.

31. The UNICEF programme in response to the drought is focusing on water supply, seeds, tools, health and nutritional rehabilitation of children. As a result of the rapidly deteriorating situation over the last three months, UNICEF has had to focus on supplementary and therapeutic feeding, provision of health supplies and provision of seeds and tools as priority inputs.

32. With access to previously inaccessible areas of the country, emergency medical assistance is urgently required for communities that have been without health inputs or infrastructural development over the last 15 years. Additional drugs, medical supplies and funding for additional medical personnel, whether from UNICEF or from NGOs such as the national Red Cross and Médecins sans frontières (Doctors without Borders), will need to be provided. Using Beira and Maputo as operation centres, UNICEF will seek to begin immediate provision of these supplies to the affected areas and displaced persons camps in the Beira corridor.

33. The severity and magnitude of the emergency situation in Mozambique, coupled with the increased costs of accelerating existing programmes and preparing for new projects to meet the needs of the transitional period and expectations arising from the cease-fire, necessitate an immediate input of new funds. The UNICEF revised appeal for its total emergency programme stands at $8.6 million; of this amount, $2 million is urgently needed for the supplementary food and health programmes.

IV. SOMALIA

The emergency situation

34. Somalia presents one of the most acute human crises in the world today, and some of the most difficult circumstances in which to operate. There are

1.5 million Somalis whose lives are at immediate risk, and many more who need urgent assistance.

35. After over four years of civil war, much of Somalia has been destroyed. Whole cities have been levelled, including housing, water and communications systems and government buildings. The health system, always weak, can no longer provide even basic services. Drought and war combined have inflicted great damage on agricultural production and the vital livestock trade. Education has stopped, and children who are able to survive grow in a chaotic culture of constant violence.

36. UNICEF became the first organization to operate in the towns of Bardhere and Hodur, opening 17 feeding centres to serve 32,000 malnourished children, mothers and other vulnerable people. Seven new feeding centres were opened in Mogadishu. Country-wide, UNICEF now operates 39 centres, feeding some 51,956 people. UNICEF also supports five NGOs operating 30 centres in 9 localities, feeding some 37,900 people.

37. UNICEF participation in the accelerated 100-day humanitarian programme for Somalia is based on the experience gained during the last 10 months of a continually expanding programme of interventions throughout the country. To date, UNICEF has had the longest and largest presence in Somalia of any United Nations agency and is currently operating out of seven locations. UNICEF activities are carried out in partnership with international and indigenous NGOs, and with the United Nations agencies present in Somalia.

Recommended emergency programme cooperation

Estimated expenditure

(In thousands of United States dollars)

Emergency health activities	3 000
Nutrition	2 200
Programme support	800
Total	6 000

38. The total amount required for the UNICEF component of the 100-day plan is some $38 million for emergency health services; supplementary feeding; water supply, sanitation and hygiene; household food security; and programme support. UNICEF has already received supplementary funds amounting to some $19 million, and borrowed $5 million from the Central Emergency Revolving Fund administered by the Department of Humanitarian Affairs of the United Nations Secretariat. The $6 million covered under this recommendation would ensure the continuation of urgent ongoing emergency activities.

39. The aims of UNICEF accelerated emergency programme assistance are essentially threefold: first, to provide relief and survival assistance to

vulnerable populations, particularly the displaced, and to those directly affected by conflict and drought; second, to help to stabilize populations and assist the displaced to return home, resettle and resume more normal family and economic lives; and third, to reestablish access to basic social services, especially in the areas of health, nutrition, water supply, sanitation and livestock.

40. Four mutually reinforcing interventions provide the main thrust of the UNICEF emergency programme: emergency health services; supplementary feeding and nutrition support; water supply and sanitation; and household food security.

Emergency health services

41. Under the 100-day plan, UNICEF will double the current level of support to regional hospitals and triple the level of assistance to maternal and child health (MCH) and community health posts. UNICEF assistance will include the provision of maternal, paediatric, MCH, emergency health and health post kits; the provision of construction and rehabilitation materials; the training of MCH and community health workers (CHWs); and monitoring and surveillance support.

42. The strengthening and expansion of health delivery systems will form a base for a mass measles vaccination programme, which will attempt to reach all children at risk. Targeting 75 per cent of all children under the age of seven, an effective cold chain will be established in all regional centres; reliable systems for the delivery of vaccines and immunization supplies will be developed; health staff and vaccinators will be trained in EPI management and vaccination techniques; and a number of mobile units will be established to cover populations in inaccessible areas or areas not served by a fixed health unit. Additionally, vitamin A supplements will be provided. This campaign will also serve to strengthen and expand health service delivery systems.

Supplementary feeding and nutrition support

43. UNICEF is currently providing supplementary food for over 90,000 malnourished children, pregnant and lactating women and extremely vulnerable adults in programmes operated jointly with national and international NGOs and through community groups.

44. WFP, UNICEF and UNHCR will support NGOs and local authorities to extend supplementary and intensive feeding services to the more inaccessible and needy regions of central and southern Somalia. To feed 340,000 malnourished children, some 7,000 tons of special foods (UNIMIX, a high-energy supplementary food, or substitutes; high-energy biscuits; oil; dried skim milk; etc.) are required. With approximately 5,000 tons available immediately in Mombasa through WFP, additional funds are required to purchase some 2,000 tons of supplementary high-energy foods.

Water supply and sanitation

45. The lack of water supply and sanitation facilities is a major contributing factor to the high mortality and morbidity rates in Somalia. UNICEF will continue to focus on providing low-cost interventions for population centres and vulnerable groups, and in locations central to health facilities in all four regions. The projects will be implemented by local contractors, international and national NGOs and community organizations.

Household food security

46. Through the provision of agricultural and resettlement inputs, UNICEF aims to assist 160,000 farming families to re-establish household food security. In collaboration with the Oxford Famine Relief Campaign (OXFAM), UNICEF will provide seeds, tools and diesel fuel for nearly 16,000 families in the lower Juba region. With the cooperation of the Food and Agricultural Organization of the United Nations (FAO), OXFAM, UNHCR and the International Committee of the Red Cross, this programme will expand to provide resettlement assistance, agricultural support and shelter material for up to 30,000 families. Agricultural support will also be provided for these families and up to an additional 114,000 vulnerable farming families in time for the rains in early 1993.

V. SUDAN

The emergency situation

47. War conditions have intensified to unprecedented levels in several areas in the south and in the transitional zone, leading to increased destitution for several hundred thousand people and their displacement northwards to southern Kordofan, Darfur and the Upper Nile State. In Wau and other areas of Bahr el Ghazal, food is in short supply and cereal prices are skyrocketing. Conditions in Juba are critical as hundreds of thousands of civilians are trapped in the fighting and remain victims of the siege imposed on the city. Humanitarian flights to the city have been, at best, irregular. The situation of the displaced population remains a major concern, with 500,000 of the estimated 1 million people around Khartoum relocated to insufficiently prepared sites.

48. In the country's most southern states, the security situation has deteriorated dramatically as the Sudan People's Liberation Army split into additional factions and individual commanders acquired more autonomy. Central control over individual soldiers has weakened, putting the lives of aid workers at risk. The killing at the end of September 1992 of two UNICEF staff members, one InterAid nurse and a Norwegian journalist, put a temporary halt to relief operations in Eastern Equatoria and slowed down operations on the west bank. A rekindling of ethnic conflicts, particularly in Bahr el Gazal, Western Equatoria, the Upper Nile and the eastern border with Ethiopia, has further complicated the situation.

49. In overall terms, delivery of humanitarian assistance to southern Sudan continues to be hampered by security conditions and difficulties in securing clearances for relief flights, monitors and aid workers. Despite the recent progress achieved as a result of the visit to Nairobi and Khartoum of the Under-Secretary-General for Humanitarian Affairs - agreement in principle on flight clearances to 21 destinations and on river and road relief corridors - access to the population in need remains the main issue.

50. The current number of people affected by the emergency situation remains unknown. However, this number was earlier estimated at 7.6 million for the entire country. United Nations reports from Khartoum and Nairobi continue to depict the heart-wrenching conditions of women and children and, indeed, entire groups of civilians who are destitute, hungry, sometimes starving, cold and sick, deprived of shelter, livelihood and dignity.

51. In 1992, under the coordination of the Department of Humanitarian Affairs, Operation Lifeline Sudan (OLS) continued to provide support to United Nations agencies and NGOs delivering assistance to populations in need. Between its inception in 1989 and July 1992, OLS and collaborating NGOs provided 2 million civilian victims with more than 134,000 tons of food, as well as extensive non-food emergency assistance. WFP has been the chief supplier of food assistance for the entire period.

52. UNICEF concentrated its assistance on the non-food sector, including drugs; vaccines; equipment and supplies for health, water supply and sanitation, education and agriculture; capacity-building through the training of community representatives; and logistics support, including the hiring of aircraft. UNICEF also provided supplementary food for malnourished children and pregnant and lactating women. Between 1989 and 1991, UNICEF assistance totalled $45 million.

53. Assistance to displaced populations continues. In October 1992, following a workshop aimed at improving the situation of 90 displaced person and returnee camps and villages in Kordofan, a task force composed of government representatives, the International Federation of Red Cross and Red Crescent Societies (IFRC), NGOs, WFP and UNICEF was formed. A comprehensive needs assessment for every camp is expected to be ready by the middle of November 1992, addressing the areas of water, food and nutrition, shelter and household support, health, education, social mobilization and community participation. The total population of the camps is estimated at 225,000 displaced persons.

Recommended emergency programme cooperation

Estimated expenditure

(In thousands of United States dollars)

Nutrition	600
Health	1 400
Water supply and sanitation	1 000
Education	500
Basic services	500
Displaced children and women	1 000
Total	5 000

54. The further deterioration of the conditions of children and women in conflict areas underlines the urgent need for immediate relief. The extreme vulnerability of the affected population to disease requires urgent attention. Vaccines, syringes and cold-chain equipment are required, as well as basic drug kits, supplementary drug kits and essential equipment for health centres and health units. ORS and oral rehydration therapy (ORT) corners will be established in high-risk areas, community pharmacy schemes will receive support and basic infrastructure will be rehabilitated. NGO training of personnel, including CHWs and TBAs, will also be supported.

55. Supplementary food, including the provision of UNIMIX and high-energy biscuits, is necessary to help to reduce high rates of malnutrition. Additional feeding centres and distribution points will be established. Vitamin A will also be distributed through the feeding centres, and the links between feeding centres and PHC centres will be strengthened.

56. Activities in the water supply and sanitation sector will include the emergency maintenance of boreholes with hand-pumps, the rehabilitation of water yards and town supplies, the drilling of boreholes, the provision of hand-dug wells and shallow boreholes and protection of springs. Some 2,000 ventilated improved pit latrines will be dug in areas populated by displaced persons and in schools, and 400 health committees and 400 hand-pump mechanics will be trained. Community gardens using hand-pump run-off will be established.

57. Funds for assistance to displaced women and children in settlements and camps have been dramatically low, especially in the face of the increased needs resulting from the relocation of the Khartoum displaced. Assistance to this group will accelerate as a result of the newly established Government of the Sudan/United Nations agencies/IFRC/NGO Task Force, and funds will be urgently required to meet the needs emerging from the new assessment.

58. Funds are also urgently needed to remedy the total absence of even the most basic education materials for children in the affected areas. The

training of teachers, the provision of chalk and exercise books at a cost of $2 per child, the printing of low-cost textbooks and the rehabilitation of schools, including the provision of basic materials and water supply and sanitation facilities, will be covered by funds for this sector. In collaboration with WFP, food supplies will be provided for schools in the most deprived areas. Similarly, food-for-work activities will be undertaken for these rehabilitation activities.

59. Special efforts will be made to assist communities with rehabilitation activities and in rebuilding self-sufficiency. The provision of fishing gear to fishing communities and displaced persons, the supply of essential drugs and vaccines for animals and the provision of agricultural tools will be the focus.

60. Activities under the integrated United Nations emergency programme will continue to be prioritized to take into account both realistic implementation capacity and available donor resources. UNICEF will continue to collaborate with its OLS partners, namely, the Government of the Sudan, the Sudan Relief and Rehabilitation Agency, other United Nations agencies and NGOs. To date, of the $20.3 million representing the UNICEF component of the July-December 1992 Special Emergency Programme for the Horn of Africa, $13.6 million has been received.

VI. FORMER YUGOSLAVIA

The emergency situation

61. According to recent estimates, more than 3 million refugees and other severely affected persons have become innocent victims of the hostilities that continue to rage in Bosnia and Herzegovina and Croatia. Among them, 50 per cent are children and 30 per cent are women of child-bearing age. These vulnerable groups are in immediate need of food, warm clothing, blankets, vaccines and drugs. In four to six weeks time, the impact of winter will be felt in the areas now accounting for the largest numbers of affected people.

62. The food supply situation in Bosnia and Herzegovina is particularly critical owing to the difficulty in gaining access to some areas. According to a recent WHO assessment report on food supplies and nutritional status in Sarajevo, women receive about one half of their normal intake to allow preferential treatment for children aged 0-10 years, who receive 80 per cent of their needs. The children in areas under heaviest attack are already showing signs of acute malnutrition, which will synergistically aggravate other health problems.

63. The rate of immunization has been greatly reduced for several months in Bosnia and Herzegovina, Macedonia and some areas in Serbia (Kosovo) and Montenegro. The health situation in Bosnia and Herzegovina and the southern republics is deteriorating owing to the shortage of medicines. An outbreak of

poliomyelitis has occurred in Kosovo and Macedonia and, during the coming winter, the number of cases of ARI could increase dramatically as a result of the lack of heating oil and micronutrient deficiencies.

64. Most of the displaced persons and refugees from Bosnia and Herzegovina fled their homes during the spring and summer months, some of them to mountain areas. Considering the sub-zero winter temperatures in the region, more than 600,000 children are now in absolute need of warm clothing, shoes and woolen blankets.

65. The disruption of water supplies and sanitation problems have already caused an increase in the number of cases of diarrhoeal disease and hepatitis among children during the last warm season in Bosnia and Herzegovina and in the United Nations protected areas. Hostilities have led to many psychological problems, especially for children directly affected by the trauma of war. In Sarajevo and Bihac, standard post-traumatic stress disorder tests showed that all of the children tested suffered from psychological trauma. Withdrawal, fear and aggressive behaviour were as severe as experienced observers had seen anywhere.

66. It should be noted that the impact of the various activities undertaken by humanitarian agencies is being severely hampered by the prevailing security conditions in many of the affected areas and, in particular, by the lack of respect for the humanitarian character of relief assistance and the safety of relief workers. Guaranteed free and unhindered access for relief assistance is of the utmost importance. Access should be obtained by peaceful means through the cooperation of all parties involved.

Recommended emergency programme cooperation

Estimated expenditure

(In thousands of United States dollars)

Children's clothing	3 300
Blankets	1 000
Weaning food	800
Total	5 100

67. The primary objectives of this emergency programme cooperation are to advocate on behalf of children as the foremost innocent victims of the conflict; to ensure that food, clothing, medicines and vaccines for the winter programme are in place in time to provide adequate coverage for up to 1 million children under 12 years old; to prepare parents and teachers to cope with post-trauma stress disorders in children; and to ensure the functioning of basic services such as water, electricity, gas and health care.

68. As part of the September 1992 United Nations inter-agency consolidated appeal, UNICEF seeks $42.5 million to provide emergency supplies, equipment and technical assistance. While UNICEF is fully engaged in and supportive of the joint United Nations and bilateral government humanitarian assistance programme, it must be recognized that, with the onset of winter, the children of former Yugoslavia, especially those in the conflict areas, require specific urgent assistance. In order to provide this assistance, UNICEF has negotiated a week of tranquillity, 1 to 7 November, as the start of a longer process to provide urgent assistance during the winter months. This week of tranquillity, or "children's week", will not only provide the children of former Yugoslavia with a respite from the fighting, but it will allow UNICEF and other United Nations agencies to provide and pre-position urgent emergency supplies before the onset of winter. The specific goal is to de-escalate hostilities in order to provide food, clothing and medicines for children living in conflict areas before the onset of winter.

69. In the period following the week of tranquillity, UNICEF will commence distribution of weaning food, clothing and blankets to children in the non-conflict areas.